

Exhibit D

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
ALEXANDRIA DIVISION**

VIRGINIA COALITION FOR IMMIGRANT
RIGHTS, *et al.*,

Plaintiffs,

v.

SUSAN BEALS
*in her official capacity as Virginia Commissioner
of Elections, et al.*,

Defendants.

Case No. 1:24-cv-1778 (PTG/WBP)

UNITED STATES OF AMERICA,

Plaintiff,

v.

COMMONWEALTH OF VIRGINIA, *et al.*,

Defendants.

Case No. 1:24-cv-1807 (PTG/WBP)

DECLARATION OF JUDY BROWN

I, Judy Brown, am employed by the Loudoun County, Virginia, Elections and Voter Registration Office ("Elections Office"). My official title is General Registrar, and I am a custodian of records for the Elections Office. I state that each of the records identified herein by Bates number is a true and correct duplicate of an official record in the custody of the Elections Office:

- a) USA-Loudoun-00001 to USA-Loudoun-00006
- b) USA-Loudoun-00007 to USA-Loudoun-00008

- c) USA-Loudoun-00009 to USA-Loudoun-00023
- d) USA-Loudoun-00024
- e) USA-Loudoun-00025 to USA-Loudoun-00050
- f) USA-Loudoun-00051 to USA-Loudoun-00170
- g) USA-Loudoun-00171 to USA-Loudoun-00186

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 22, 2024


JUDY BROWN

Virginia Voter Registration Application Form

Loudoun

Use this form to register to vote in Virginia or report a change in name or address. If you are already registered with your current name and address, you do not need to re-register.

- To register to vote in Virginia, you must:
- Be a United States citizen
 - Be a resident of Virginia
 - Be 18 years old by the next general election
 - Have had your voting rights restored if you have ever been convicted of a felony
 - Have had your capacity restored if you have ever been declared mentally incapacitated in a Circuit Court

Identification Requirement

For Registration: If you are registering for the first time by mail, federal law (the Help America Vote Act) requires you to provide identification the first time you vote in a federal election. Please enclose a copy of one of the following documents that shows your name and address with your application: (1) current and valid photo ID, (2) current utility bill, (3) bank statement, (4) government check, (5) paycheck, or (6) other government document. You can also present this required information at the polls, but may experience delays. If eligible to vote absentee by mail, your mailed absentee ballot will not be counted unless the required identification has been provided to your local electoral board no later than noon on the Friday following the election.

For Voting: Virginia law requires you also to provide identification when you vote in person. For information on other types of qualified identification, please visit: <http://www.sbe.virginia.gov/links/voterID> or call toll free at 1-800-552-9745 (TTY: 1-800-260-3466)

Starred (*) items are required. If you do not complete all of the items that are marked with *, your application may be denied. Once your local registrar approves your application, you will receive a voter card by mail

1 *Are you a citizen of the United States of America? ☒ YES ☐ NO *Will you be at least 18 years of age on or before the next General Election day? ☒ YES ☐ NO If you checked "NO" in response to either of these questions, do not complete this form.

2 *Social Security Number *Gender ☒ Male ☐ Female *Date of Birth Daytime Telephone Number ☐ None ☐ None *Last Name *First Name *Full Middle or Maiden Name *Suffix (Jr., Sr., III, Etc.)

3 *Residence (Permanent) Home Address Apt/Unit/Lot/Rm/Ste City/Town Zip Code

If Rural Address or Homeless, please describe where you reside

E-mail address

☐ City or ☒ County: LOUDOUN

Mailing Address (if different/Virginia P.O. Box or Uniformed Service Address, if applicable (include Zip Code) Name of City or County of Residence

4 *Have you ever been convicted of a felony? ☐ YES ☒ NO State where convicted If YES, have your voting rights been restored? ☐ YES ☐ NO If YES, when restored?

5 *Have you ever been judged mentally incapacitated? ☐ YES ☒ NO If YES, has court restored you to capacity? ☐ YES ☐ NO If YES, when restored?

6 **Registration Statement:** I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.

Signature (or mark if unable to sign) REG DATE: 12/11/24 PCT 509 OK 14400

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required).

☐ Check if you have a disability that requires someone to assist you in order to vote.

☐ Protected Voter Code if applicable. See instructions.

☐ I'm interested in being an Election Official on Election Day. Please send me information.

7 *Previous Voter Registration Information—Commonwealth of Virginia

NEW CITIZEN

☐ No, I am not currently registered to vote in Virginia or another state.

☐ Yes, I am registered to vote at another address in Virginia or in another state. If YES, the information below must be completed:

Full Name as Registered Date of Birth Social Security Number (last 4 digits required)

Address at which you were previously registered to vote City/Town State Zip Code

City/County/Town of Residence (if applicable). This cancellation information will be sent to the county or city and state you entered above.